POLICY TITLE: MENTAL HEALTH SERVICES POLICY NUMBER: 18.6 CHAPTER 18: HEALTH CARE SERVICES		PAGE 1 OF 24
STATE of MAINE DEPARTMENT OF CORRECTIONS Approved by Commissioner: Joseph Ponte		PROFESSIONAL STANDARDS: See Section VII
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I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in 34-A M.R.S.A. Section 1403.

II. APPLICABILITY

All Departmental Adult Facilities

III. POLICY

It is the policy of the Department of Corrections to support prisoner mental health by offering mental health services and maintaining a continuity of mental health care. To accomplish this objective, these services shall be provided on-site at the facilities and through the utilization of community mental health resources and shall include a specialized mental health housing unit for the Department. The collection and recording of mental health screening and assessment data shall be done in a uniform manner, as determined by the Health Services Administrator, and performed only by qualified staff.

Each facility's mental health programs shall include, but not be limited to:

a. screening for mental health problems on admission, as approved by the psychologist who is the Department's Director of Behavioral Services;
b. outpatient services for the detection, diagnosis, and treatment of mental illness;
c. crisis intervention and the management of acute psychiatric episodes;
d. stabilization of the mentally ill and the prevention of psychiatric deterioration in the correctional setting;
e. elective therapy services and preventive treatment, where resources permit;
f. provision for referral and admission to a state psychiatric hospital for prisoners whose psychiatric needs exceed the treatment capability of the Department; and

g. procedures for obtaining and documenting informed consent.

The Department's Director of Behavioral Services shall annually review and approve this policy and procedures and each facility's training practices. Recommendations for policy revisions shall be submitted to the Commissioner, or designee.

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V. ATTACHMENTS

Attachment A: Mental Health Evaluation Intake
Attachment B: Therapeutic Restraint Sheet
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VI. PROCEDURES

Procedure A: Mental Health Diagnostic Services

1. An admission mental health screening (See Policy 18.4, Attachment A, Admission Health Screening and Addendum) shall be performed by health care staff who are trained to perform the screening, during intake into the reception facility, within four (4) hours of the prisoner's arrival. If the screening indicates that a prisoner may be in need of mental health services, a referral shall be made to mental health care staff. The mental health screening shall include, but not be limited to:

Inquiry into:

a. whether the prisoner has a present suicide ideation

b. whether the prisoner has a history of suicidal behavior

c. whether the prisoner is presently prescribed psychotropic medication

d. whether the prisoner has a current mental health complaint, and any significant family mental health history;

e. whether the prisoner is being treated for mental health problems

f. whether the prisoner has a history of inpatient or outpatient psychiatric treatment

g. whether the prisoner has a history of treatment for substance abuse

Observation of:

a. the prisoner's general appearance and behavior

b. evidence of abuse and/or trauma

c. current symptoms of psychosis, depression, anxiety, and/or aggression

Disposition of the prisoner:

a. to the housing unit

b. to the housing unit with appropriate referral to mental health care service

c. referral to appropriate mental health care service for emergency treatment

2. Each prisoner shall receive a mental health assessment (Attachment A, Mental Health Evaluation Intake) performed by mental health care staff within fourteen (14) days of admission into the reception facility. If the assessment indicates that a prisoner is suffering from serious mental illness, an immediate referral for a comprehensive individual mental health evaluation shall be made and prior mental health records not previously requested shall be requested, as

appropriate. Staff performing the assessment shall ensure the provision of mental health care as deemed necessary based on presenting symptoms. Mental health assessments shall include, but are not limited to:

a. assessment of current mental status and condition
b. assessment of current suicidal potential and person-specific circumstances that increase suicide potential
c. assessment of violence potential and person–specific circumstances that increase violence potential
d. review of available historical records of inpatient and outpatient psychiatric treatment
e. review of history of treatment with psychotropic medication
f. review of history of psychotherapy, psycho-educational groups, and classes or support groups
g. review of history of drug and alcohol treatment
h. review of education history
i. review of history of sexual abuse-victimization and predatory behavior
j. assessment of drug and alcohol abuse and/or addiction
k. use of additional assessment tools, as indicated
l. referral to treatment, as indicated
m. development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation.

3. Prisoners shall have access to other mental health diagnostic services either on-site or in the community (e.g. cognitive, personality, neuropsychological assessments), as determined necessary by the physician, psychiatrist, or psychologist.

4. Each facility shall maintain a current list of the types of mental health diagnostic services that are available and whether they are available on-site or in the community.

5. All diagnostic mental health testing materials located at the facility shall be maintained and used in accordance with professional standards. Instructions for the use of any testing materials shall be maintained.

6. When diagnostic mental health testing is determined necessary, the required test shall be performed at the next possible opportunity if being done on-site or an appointment in the community shall be arranged in a timely manner.

7. When mental health care staff who are not medically licensed believe a diagnostic medical service is necessary, the request shall be made, in writing, to appropriate medical staff and shall be included in the prisoner's health care

record. The request shall be reviewed by the physician, physician assistant or nurse practitioner in a timely manner. A notation shall be made in the prisoner's health care record indicating the results of the review. The results of the review shall be reported back to the mental health care staff that made the request.

8. When staff, treatment or security, make a request to mental health care staff to evaluate a prisoner and it is determined by the physician, psychologist or psychiatrist that a comprehensive individual mental health evaluation is necessary, it shall be performed within fourteen (14) days of the determination. At a minimum, a comprehensive individual mental health evaluation shall include the following:

    a. Review of the prisoner's mental health screening and assessment data;

    b. Direct observations of behavior;

    c. Collection and review of additional data from individual diagnostic interviews and tests assessing personality, cognitive abilities, and current mental status;

    d. Compilation and review of the prisoner's mental health history; and

    e. If appropriate, development of an overall treatment or management plan, with appropriate referral to include transfer to a mental health facility when the prisoner's psychiatric needs exceed the treatment capability of the facility.

9. Results of all mental health diagnostic services shall be filed in the prisoner's health care record.

10. When diagnostic services are scheduled to be done in the community, the prisoner shall be informed that the required test has been scheduled but shall not be told when or where it shall take place, due to security reasons.

11. When diagnostic procedures are scheduled to be done in the community, designated security staff shall be notified by health care staff of the time and place so that security staff can arrange transport. Notification shall be given as soon as possible and, in a non-emergency situation, at least twenty-four (24) hours in advance.

12. The health care staff shall provide the transport staff with the Consultation Request Form to be completed by the community provider. The completed form shall be returned by the transport staff to the health care department immediately upon return to the facility. The completed form shall be reviewed and filed by appropriate health care staff.

13. The physician, psychiatrist or psychologist shall review, date, and sign all mental health diagnostic test results and shall make a notation of the review in the health care record. Appropriate health care staff shall review with the prisoner in a timely manner the diagnostic test results.

14. Reports of results of all diagnostic tests shall be filed in the health care record.

Procedure B: Non-Emergency Mental Health Services

1. Non-emergency mental health services for prisoners shall consist of the following:

    a. All prisoners shall have access to all non-emergency mental health services through the use of a Prisoner Request Slip to their assigned mental health worker or Sick Call Slips. Sick Call Slips requesting mental health services shall be forwarded to the mental health care staff. These forms shall be readily available to all prisoners.

    b. All non-emergency mental health requests shall be reviewed by mental health care staff within twenty-four (24) hours of receipt (72 hours on weekends). Follow-up services shall be initiated within one (1) week.

    c. Staff may initiate a non-emergency mental health referral for prisoners whom they believe are in need of mental health assessment. When medical health care staff refer a prisoner for assessment, the mental health care staff shall inform the medical department that the assessment has been completed.

Procedure C: Emergency Mental Health Services

1. Emergency mental health services shall be provided in accordance with Policy 18.3, Procedure E.

Procedure D: Suicide Prevention and Intervention

1. Any time a prisoner is identified by any staff as being at possible risk for suicide, the staff shall stay with the prisoner and notify the Shift Commander who shall place the prisoner in a safe environment on suicide precautions or constant watch until assessed by the facility psychiatrist, psychologist, or other qualified mental health care staff. The Shift Commander shall arrange for the assessment in a timely manner.

2. The level of supervision needed, if any, shall be determined by the mental health care staff assessing the prisoner.

3. Levels of supervision are as follows:

   a. Monitoring: When a prisoner is placed on “monitor status”, the security staff shall be notified to specifically observe that prisoner for changes in behavior, appearance or mood as part of the routine supervision of prisoners. The results of monitoring shall be entered into the log at the end of shift and any time changes are observed. If changes are noted, the security staff shall report this information to their supervisor, who shall in turn relay the information to mental health care staff, and security staff shall take any other appropriate action.

   b. Frequent Checks: When a prisoner is placed on “frequent checks”, the prisoner shall be observed individually and in person by security staff on a random basis at least every fifteen (15) minutes for changes in behavior, appearance or mood. These checks of the prisoner should not have a standard timeframe, to prevent the prisoner from “planning around” a scheduled interval of observation. Staff shall log all checks and any changes observed. If changes are noted, the security staff shall report this information to their supervisor, who shall in turn relay the information to mental health care staff, and security staff shall take any other appropriate action.

   c. Suicide Precautions: When a prisoner is placed on “suicide precautions”, the security staff shall provide the prisoner with a safety smock, mattress and a safety blanket. The prisoner shall not be allowed access to any other item unless specifically authorized by mental health care staff. At a minimum, a prisoner on suicide precautions shall also be placed on frequent checks.

   d. Scanning Checks: When multiple prisoners are placed on “scanning checks”, the prisoners shall be observed individually by security staff, either in person or via camera, when clinically indicated, at least every five (5) minutes for changes in behavior, appearance or mood. The staff shall be able to observe each of the prisoners from one location. Staff shall log all checks and any changes observed. If changes are noted, the security staff shall report this information to their supervisor, who shall in turn relay the information to mental health care staff, and security staff shall take any other appropriate action. The staff shall be within immediate intervention distance of each of the prisoners at all times.

   e. Constant Watch: When a prisoner is placed on “constant watch”, there shall be one-to-one constant observation by security staff, either in person or via camera, when clinically indicated. The staff shall be within immediate intervention distance of the prisoner at all times. Staff shall maintain a constant watch log and record any changes in the prisoner’s

behavior, appearance or mood. If changes are noted, the security staff shall report this information to their supervisor, who shall in turn relay the information to mental health care staff, and security staff shall take any other appropriate action. A prisoner on constant watch shall also be placed on suicide precautions.

f. Restraints: When a prisoner is placed in restraints for being at risk for suicide, the prisoner shall also be placed on constant watch and sucide precautions.

4. Supervisory security staff may increase the level of supervision pending assessment by qualified mental health care staff. Only qualified mental health care staff may decrease the level of supervision.

5. Prisoners placed on suicide precautions or a higher level of supervision shall also be placed on emergency observation status (unless already on that status or administrative segregation status) and may be referred to the Department's Mental Health Unit. (Policy 18.6.1)

6. Intervention: Any suicide attempt resulting in a serious bodily injury shall be treated as a medical emergency. See Policy 18.3, Procedure E.

   a. In the event of a hanging attempt, the body shall be supported while the prisoner is gently brought to the ground. The material used for hanging shall be cut above the knot if possible.

   b. In the event of a suicide attempt, "Do Not Resuscitate" orders and Advance Directives shall not apply.

7. The Shift Commander shall report any suicide attempt to the facility Chief Administrative Officer, or designee, and other staff as designated by the facility Chief Administrative Officer, as soon as possible. The Chief Administrative Officer, or designee, shall report to the Commissioner, or designee, any suicide attempt resulting in serious bodily injury.

8. Any staff involved in responding to a suicide attempt shall complete all required documentation, e.g. log entries, incident reports, and health care record progress notes, by the end of the shift.

9. The Chief Administrative Officer, or designee, shall review any suicide or any attempted suicide with designated administrative, security and health care staff.

10. The Chief Administrative Officer, or designee, shall ensure that a system of support is made available to all staff and prisoners who have been affected by a suicide or suicide attempt.

11. All staff who are responsible for the custody, care or treatment of prisoners shall be trained in suicide prevention and intervention in accordance with Policies 18.15 and 18.16.

Procedure E: Mental Health Therapeutic Restraints

1. Therapeutic restraints authorized for a mental health reason may be used only when the safety or health of the prisoner cannot be protected by less restrictive alternatives. The following provisions shall be adhered to any time therapeutic restraints are used in prisoner care:

    a. Therapeutic restraints may not be used for punishment;

    b. Therapeutic restraints may not be used to force unwanted treatment on a competent prisoner;

    c. If therapeutic restraints are used, the least restrictive restraints possible shall be used and only for the period of time necessary;

    d. Therapeutic restraints may be authorized only by a psychiatrist, physician, physician assistant, nurse practitioner, psychologist, licensed clinical social worker, or licensed clinical professional counselor. The documentation shall include the authorization, the mental health reason for the authorization, the justification for using restraints (to include efforts for less restrictive treatment alternatives), and the justification for the type of restraints authorized.

    e. A new authorization, including the reason for the continuation, must be written for every twelve (12) hour continuation in the use of therapeutic restraints; and

    f. A psychiatrist, physician, physician assistant, nurse practitioner, psychologist, licensed clinical social worker, or licensed clinical professional counselor, shall personally examine the prisoner within twenty-four (24) hours of the initial use of therapeutic restraints, if the use has not been discontinued in the meantime.

2. If the purpose of the restraints is to provide necessary mental health treatment to a prisoner who is refusing the treatment and who has a legal guardian, the following shall apply:

    a. The Chief Administrative Officer, or designee, shall assign a staff person to speak with the prisoner in an effort to persuade the prisoner to accept the treatment.

b. If the prisoner continues to refuse the treatment, an attempt shall be made to contact the prisoner's guardian for specific consent to provide the treatment and the attempt and the result of that attempt shall be documented.

c. If the prisoner continues to refuse the treatment, and the guardian has consented to the treatment, health care and security staff shall develop a plan for providing the treatment using only the degree of physical force necessary. Any use of force shall be video recorded.

d. If the prisoner's guardian cannot be contacted and it appears that contact cannot be made in a reasonable period of time, the Chief Administrative Officer, or designee, shall contact the Department's legal representative in the Attorney General's Office to inquire about obtaining a court order or taking other appropriate action.

3. If the purpose of the restraints is to provide necessary mental health treatment to a prisoner who is refusing the treatment and who does not have a guardian, the following shall apply:

   a. The Chief Administrative Officer, or designee, shall assign a staff person to speak with the prisoner in an effort to persuade the prisoner to accept the treatment.

   b. If the prisoner continues to refuse the treatment, the prisoner shall be referred to the facility psychiatrist or psychologist for a determination of competence.

   c. If the prisoner is determined to be competent, therapeutic restraints shall not be used.

   d. If the prisoner is determined to be incompetent, the Chief Administrative Officer, or designee, shall contact the Department's legal representative in the Attorney General's Office to inquire about obtaining an emergency guardian, obtaining a court order, or taking other appropriate action.

4. If psychotropic medication is to be administered to a prisoner who is refusing the medication, in addition to the required documentation relating to any use of therapeutic restraints, and in addition to obtaining the consent of the prisoner's guardian or a court order, the psychiatrist, physician, physician assistant or nurse practitioner shall specify the medical reason for the medication administration, including why less restrictive treatment alternatives are not being used, when, where and how the medication is to be administered, and the expected duration of the therapy, to include a plan for the use of less restrictive treatment alternatives as soon as possible. The prisoner's final refusal of the

medication immediately prior to its administration and the administration of the medication shall be video recorded. The prisoner shall be monitored for adverse reactions and/or side effects.

5. In a mental health care emergency in which a prisoner is unable to consent to or refuse treatment (is unconscious, unable to communicate, or disoriented) and where it is necessary to provide treatment before consent can be obtained, necessary treatment shall be provided using only the degree of physical force necessary. Any use of force shall be video recorded.

6. A therapeutic restraints order shall be obtained by health care staff prior to the initiation of the use of therapeutic restraints. In an emergency situation, to protect the health or safety of the prisoner or others, security staff may restrain the prisoner until the order for therapeutic restraints is obtained. In an emergency situation, security staff shall contact health care staff for authorization immediately after restraining the prisoner.

7. A therapeutic restraints order shall be documented by the health care staff in the prisoner's health care record.

8. Health care staff shall immediately inform the facility Shift Commander when therapeutic restraints have been ordered.

9. The application of the therapeutic restraints shall be done by security staff. Only the amount of force reasonably necessary may be used in the application of therapeutic restraints. The application of the restraints shall be video recorded.

10. Only restraints that would be appropriate for use in hospitals shall be used for therapeutic restraints. These include, but are not limited to, fleece-lined leather, rubber, or canvas hand and leg restraints, and 2-point or 4-point ambulatory restraints. Metal or plastic devices, such as handcuffs and leg shackles, shall not be used as therapeutic restraints, except in an emergency situation.

11. A prisoner may be restrained in a hospital bed, stretcher, wheelchair, or restraint chair. A prisoner may not be restrained in an unnatural position or face down.

12. A prisoner placed in therapeutic restraints shall be observed by health care staff or security staff at least every fifteen (15) minutes and these observations shall be documented on the Therapeutic Restraint Sheet (Attachment H). Prisoners placed in 4-point restraints shall be placed under constant direct visual observation by staff, who shall keep a constant watch log, and the watch shall be video recorded.

13. In all cases in which therapeutic restraints are used and bodily injury or compromise to health is apparent or the prisoner complains of bodily injury or

compromise to health related to the use of the restraints, the security staff shall consult with appropriate health care staff immediately, unless safety or security considerations cause a delay.

14. Whenever therapeutic restraints are authorized, medical staff shall assess the prisoner as soon as possible and at least every two (2) hours thereafter, and the following shall be checked:

    a. Circulation, movement, and sensation in extremities,

    b. Respiratory status,

    c. Mental status,

    d. Vital signs,

    e. That food, water, and use of the toilet has been offered as appropriate, and

    f. That the prisoner has been offered the opportunity to have each limb removed separately from restraints for the purpose of movement every two (2) hours as appropriate.

15. During the prisoner's hours of sleep, health care staff may elect not to awaken the prisoner to complete the assessment.

16. The results of the assessment shall be documented in the prisoner's health care record, including any reason for security staff not offering food, water, use of the toilet, or movement of restrained limbs. If health care staff elect not to awaken a sleeping prisoner, that fact shall be documented in the prisoner's health care record.

17. The need for continued therapeutic restraints of the prisoner shall be reevaluated at least every four (4) hours by health care staff. If the health care staff determines that the use of therapeutic restraints is no longer necessary, the staff shall contact the physician, physician assistant, or nurse practitioner requesting an order to discontinue the use of the restraints.

18. Health care staff shall immediately inform the facility Shift Commander when the discontinuation of therapeutic restraints has been ordered.

19. The removal of the therapeutic restraints shall be done by security staff. Only the amount of force reasonably necessary may be used in the removal of therapeutic restraints. The removal of the restraints shall be video recorded.

20. The Health Services Administrator, or designee, and the Chief Administrative Officer, or designee, shall be notified by health care staff as soon as possible of any order for the use of therapeutic restraints and of any order to discontinue the use of the restraints.

21. The Chief Administrative Officer, or designee, shall arrange for a review of the use of therapeutic restraints following each incident, to include attendance by security and health care supervisory staff.

Procedure F: Mental Health Therapeutic Seclusion

1. Therapeutic seclusion authorized for a mental health reason may be used only when the safety or health of the prisoner or others cannot be protected by less restrictive means. The following provisions shall be adhered to any time therapeutic seclusion is used in prisoner care:

    a. Therapeutic seclusion may not be used for punishment;

    b. If therapeutic seclusion is used, it shall be used only for the period of time necessary;

    c. Therapeutic seclusion may be authorized only by a psychiatrist, physician, physician assistant, nurse practitioner or psychologist, licensed clinical social worker, or licensed clinical professional counselor. The documentation shall include the authorization, the mental health reason for the authorization, and the justification for using seclusion;

    d. A new authorization, including the reason for the continuation, must be written for every twelve (12) hour continuation in the use of therapeutic seclusion; and

    e. A psychiatrist, physician, physician assistant, nurse practitioner, or psychologist, licensed clinical social worker, or licensed clinical professional counselor shall personally examine the prisoner within twenty-four (24) hours of the initial use of therapeutic seclusion if the use has not been discontinued in the meantime.

2. The authorization shall be obtained by mental health care staff prior to the initiation of the use of therapeutic seclusion. In an emergency situation, to protect the health or safety of the prisoner or others, security staff may seclude the prisoner until the authorization for therapeutic seclusion is obtained. In an emergency situation, security staff shall contact mental health care staff for authorization immediately after secluding the prisoner.

3. A therapeutic seclusion authorization shall be documented by the health care staff in the prisoner's health care record.

4. Health care staff shall immediately inform the facility Shift Commander when therapeutic seclusion has been authorized.

5. The movement of the prisoner to therapeutic seclusion shall be done by security staff.

6. Therapeutic seclusion shall take place in an unequipped cell and the prisoner shall not be allowed any items or clothing except for a safety smock and safety blanket, unless otherwise directed by a psychiatrist, physician, physician assistant, nurse practitioner, psychologist, licensed clinical social worker, or licensed clinical professional counselor.

7. A prisoner placed in therapeutic seclusion shall be observed by health care staff or security staff at least every fifteen (15) minutes and these observations shall be documented in the appropriate log book. If directed by a psychiatrist, physician, physician assistant, nurse practitioner, or psychologist, licensed clinical social worker, or licensed clinical professional counselor, a prisoner shall be placed under constant direct visual observation by staff, who shall keep a constant watch log.

8. Log book entries shall include the name and title of the psychiatrist, physician, physician assistant, nurse practitioner or psychologist, licensed clinical social worker, or licensed clinical professional counselor authorizing seclusion, names and titles of all persons visiting the prisoner, records of time checks, the name of the health care staff authorizing release from seclusion and the time of release from seclusion.

9. If at any time staff believes that the use of therapeutic seclusion is no longer necessary, the staff shall contact the psychiatrist, physician, physician assistant, nurse practitioner, or psychologist, licensed clinical social worker, or licensed clinical professional counselor, for an authorization to discontinue the use of the seclusion.

10. Health care staff shall immediately inform the facility Shift Commander when the discontinuation of therapeutic seclusion has been authorized.

11. The movement of the prisoner from therapeutic seclusion shall be done by appropriate staff.

12. The Health Services Administrator and the Chief Administrative Officer, or designee, shall be notified by health care staff of any authorization for the use of

therapeutic seclusion and of any authorization to discontinue the use of the seclusion.

Procedure G: Intensive Mental Health Treatment Services for Female Prisoners

1. Any time a female prisoner is identified by any staff as possibly being a danger to self or others or is unable to care for herself for mental health reasons, the staff shall refer the prisoner for assessment by the facility psychiatrist, psychologist, or other qualified mental health care staff.

2. If the prisoner has been determined by the mental health care staff conducting the assessment to be a danger to self or others or unable to care for herself for mental health reasons or if it is determined by mental health care staff that a female prisoner is not responding to mental health treatment within the facility, the prisoner may be referred for admission to a state psychiatric hospital in accordance with Procedure I below.

3. If a referral for admission to a state psychiatric hospital is not made or if the hospital does not accept the female prisoner, the female prisoner shall be provided mental health treatment in a safe environment in a correctional facility.

Procedure H: Mental Health Hospitalization Services

1. Referrals for involuntary admissions may only be made to Riverview Psychiatric Hospital or the Dorothea Dix Psychiatric Center.

    a. The mental health care staff making the referral for involuntary admission to a state psychiatric hospital is responsible to contact the Chief Administrative Officer, or designee, and the Department's Director of Behavioral Health Services, or other designee of the Commissioner (or the Commissioner), prior to contacting Riverview Psychiatric Hospital or Dorothea Dix Psychiatric Center

    b. The Chief Administrative Officer, or designee, in consultation with the Director of Behavioral Services, or other designee of the Commissioner (or the Commissioner), shall make the final determination as to whether or not the prisoner shall be referred for involuntary admission to a state psychiatric hospital.

    c. A referral for involuntary admission shall only be made when a mentally ill prisoner poses a likelihood of serious harm due to being a danger to self or others or being unable to care for self because of mental illness and only when available Department of Corrections' intervention resources are unable to manage and/or treat the individual.

d. If a referral for involuntary admission is to be made, the Director of Behavioral Services, or designee, shall contact the appropriate authority at Riverview Psychiatric Hospital or Dorothea Dix Psychiatric Center, who shall be briefed about the prisoner and the intended referral.

e. If a referral for involuntary admission is to be made, the facility Chief Administrative Officer, or designee, shall, with the certification by a duly licensed healthcare examiner (MD/PhD/PA/NP/RN,CS/DO), apply for involuntary hospitalization using the current emergency involuntary admission form ("Blue Paper").

f. If the admission is authorized by a Maine Judicial Officer, the sending Department of Corrections facility shall contact Riverview Psychiatric Hospital or Dorothea Dix Psychiatric Center to notify the hospital when the prisoner is expected to arrive. The initiating Department of Corrections facility is responsible for providing transportation of the prisoner to the designated hospital.

g. The signed original of the application must be presented to the admissions staff at the hospital upon arrival at the hospital. A copy of the application shall be placed in the prisoner's health care record and Administrative Record.

h. The Department of Corrections is not required to provide security for the prisoner while at Riverview Psychiatric Hospital or Dorothea Dix Psychiatric Center.

2. Referrals for voluntary admissions may only be made to Riverview Psychiatric Hospital or Dorothea Dix Psychiatric Center.

   a. The mental health care staff making the referral for voluntary admission to a state psychiatric hospital is responsible to contact the Chief Administrative Officer, or designee, and the Department's Director of Behavioral Health Services, or other designee of the Commissioner, (or the Commissioner) prior to contacting Riverview Psychiatric Hospital or Dorothea Dix Psychiatric Center.

   b. The Chief Administrative Officer, or designee, in consultation with the Director of Behavioral Services, or other designee of the Commissioner, (or the Commissioner) shall make the final determination as to whether or not the prisoner shall be referred for voluntary admission to a state psychiatric hospital.

   c. A referral for voluntary admission may be made when in the judgment of the Chief Administrative Officer it is in the best interest of the prisoner.

d. If a referral for voluntary admission is to be made, the Director of Behavioral Services, or designee, shall contact the appropriate authority at Riverview Psychiatric Hospital or Dorothea Dix Psychiatric Center, who shall be briefed about the prisoner and the intended referral.

e. The facility shall contact and make arrangements with the hospital for the voluntary admission of the prisoner.

f. Documentation of the referral and the voluntary admission shall be made in the mental health progress notes in the prisoner's health care record and Administrative Record.

g. The facility initiating the voluntary admission is responsible for providing transportation for the prisoner to the hospital.

h. The Department of Corrections is not required to provide security for the prisoner while at Riverview Psychiatric Hospital or Dorothea Dix Psychiatric Center.

Procedure I: Continuity of Mental Health Care

1. Mental health care staff, in conjunction with medical health care staff, shall assure continuity of mental health care for prisoners with identified mental health needs, from the time of admission, throughout the incarceration, and at the time of release, for all emergency and routine mental health care services.

2. During incarceration, mental health services shall be provided in accordance with an individualized mental health treatment plan developed and revised as necessary by mental health care staff in conjunction with the prisoner. The plan may include enrollment in the mental health chronic care clinic.

3. During incarceration, when services are discontinued or completed, or treatment is transferred to another facility, a Mental Health Services Treatment Discharge Summary form shall be completed by mental health care staff. (See Attachment C, Mental Health Services Treatment Discharge Summary form.)

4. The Correctional Caseworker/Correctional Care and Treatment Worker, in conjunction with mental health care staff, is responsible for developing a discharge plan to ensure continuity of mental health care in the community upon release. The discharge plan shall be completed on the Social Services Release Plan form by the Correctional Caseworker/Correctional Care and Treatment Worker.

5. When a prisoner is a class member of the AMHI (Augusta Mental Health Institute) consent decree, the appropriate Department of Health and Human Services Intensive Case Manager, or other designated staff, shall be notified by mental health care staff or other staff designated by the Chief Administrative Officer at least ninety (90) days prior to the release.

6. A Department of Health and Human Services Intensive Case Manager shall be included in the release planning process for other prisoners when appropriate.

7. All mental health documentation, including the treatment plan and progress notes, shall be filed in the prisoner's health care record.

Procedure J: Chronic Care Clinic - Mental Health

1. Chronic care clinics for prisoners with serious mental illness shall be provided in accordance with Policy 18.5, Procedure J.

Procedure K: Special Needs

1. Special needs for prisoners with serious mental illness shall be provided in accordance with Policy 18.5, Procedure K.

Procedure L: Special Mental Health Evaluations

1. For a prisoner receiving treatment for serious mental illness who is placed on administrative segregation status, disciplinary segregation status, or protective custody status, mental health care staff shall evaluate the prisoner and follow up thereafter as set out in Policies 15.1, Administrative Segregation Status, 15.2, Disciplinary Segregation Status, or Policy 15.3, Protective Custody Status and in accordance with the prisoner's individualized treatment plan, if applicable.

Procedure M: Clinic Space, Equipment and Supplies

1. The Chief Administrative Officer of each facility shall assure that there is sufficient and suitable space, equipment and supplies to provide on-site mental health services designated for that facility, to include:

    a. The availability of testing materials and other mental health treatment resources.

    b. Adequate office space with file cabinets, secure storage for health care records, computers and writing desks.

c. Private interview space for both individual assessment and group treatment, desk(s), chairs, and lockable file space when mental health services are provided on-site.

Procedure N: Mental Health Records

1. Mental health care records shall follow the chronological format for prisoner health care records as described in Policy 18.9, Procedure A, and shall be placed in the Mental Health Records section of the Health Care Record.

2. Mental health problems shall be listed on the Problem List of the Health Care Record.

3. The Mental Health section of the Health Care Record is formatted as follows:

    a. Identifying and assessment Information (e.g. Copy of the universal face sheet, admission health screening and addendum, other initial assessments)

    b. Referral Information (e.g. sick call slips & requests)

    c. Treatment Plan

    d. Progress Notes

    e. Mental Health Chronic Care Clinic Intake and Follow-Up forms (with copy in the "Flow Sheet and Chronic Care Clinic" section of the Health Care Record).

    f. Care and Treatment Worker, Activity Specialist, Daily Activity Log records (for Mental Health Unit prisoners) and other Mental Health Unit health care records.

    g. Information Releases, correspondence, etc.

    h. Historical data (e.g. records about prior treatment)

    i. Treatment Summary & other Discharge records.

4. Each entry into a prisoner's health care record shall be written so that it is legible and includes the writer's signature, title, date and time of entry. All entries shall be made in black ink.

5. The chronology for the entry of data and information into each section of prisoner health care records shall be with the most recent activity or data on top,

with the following exceptions, physician's authorizations and all progress notes. These two exceptions shall follow a book format with the most recent entries occurring on the last page in the first available line or space.

6. All clinical encounters and findings shall be recorded in the prisoner's health care record.

Procedure O: Mental Health Research

1. Disclosure of mental health information for purposes of research must comply with all legal requirements, including the requirement for authorization by the Commissioner, or designee.

2. The Department of Corrections does not permit experimental mental health treatment or other experiments on its prisoners.

Procedure P: Mental Health Confidentiality and Limits

1. During the mental health assessment, the limitations of confidentiality of information disclosed by the prisoner to mental health care staff shall be reviewed with the prisoner. The Mental Health Confidentiality and Limits Form shall be reviewed with the prisoner and the prisoner's signature obtained. (Attachment D, Mental Health Confidentiality and Limits Form)

2. In a situation where the prisoner refuses to sign the form, the mental health care staff shall document on the form and in the progress notes that the prisoner refuses to sign. The staff shall inform the prisoner that the limits set out in the form apply even if the prisoner refuses to sign and shall document in the progress notes that the prisoner was so informed.

VII. PROFESSIONAL STANDARDS

ACA:

ACI - 4-4256 **Written policy, procedure, and practice provide that a qualified mental health professional personally interviews and prepares a written report on any inmate remaining in segregation for more than thirty days. If confinement continues beyond thirty days, a mental health assessment by a qualified mental health professional is made at least every three months-more frequently if prescribed by the chief medical authority.**

ACI - 4-4368 **(MANDATORY) The mental health program is approved by the appropriate mental health authority and includes, at a minimum:**

- **screening on intake**
- **outpatient services for the detection, diagnosis, and treatment of mental illness**
- **crisis intervention and the management of acute psychiatric episodes**

- **stabilization of the mentally ill and the prevention of psychiatric deterioration in the correctional setting**
- **elective therapy services and preventive treatment where resources permit**
- **provision for referral and admission to mental health facilities for offenders whose psychiatric needs exceed the treatment capability of the facility**
- **procedures for obtaining and documenting informed consent**

ACI - 4-4370 **(MANDATORY) All intersystem and intra-system transfer offenders will receive an initial mental health screening at the time of admission to the facility by a mental health trained or qualified mental health care professional. The mental health screening includes, but is not limited to:**

<u>Inquiry into</u>:
- **whether the offender has a present suicide ideation**
- **whether the offender has a history of suicidal behavior**
- **whether the offender is presently prescribed psychotropic medication**
- **whether the offender has a current mental health complaint**
- **whether the offender is being treated for mental health problems**
- **whether the offender has a history of inpatient and outpatient psychiatric treatment**
- **whether the offender has a history of treatment for substance abuse**

<u>Observation of</u>:
- **general appearance and behavior**
- **evidence of abuse and/or trauma**
- **current symptoms of psychosis, depression, anxiety , and/or aggression**

<u>Disposition of offender</u>:
- **to the general population**
- **to the general population with appropriate referral to mental health care service**
- **referral to appropriate mental health care service for emergency treatment**

ACI - 4-4371 **(MANDATORY) All intersystem offender transfers will undergo a mental health appraisal by a qualified mental health professional within fourteen days of admission to a facility. If there is documented evidence of a mental health appraisal within the previous ninety days, a new mental health appraisal is not required, except as determined by the designated mental health authority. Mental health appraisals include, but are not limited to:**

- **review of available historical records of inpatient and outpatient psychiatric treatment**
- **review of history of treatment with psychotropic medication**
- **review of history of psychotherapy, psycho-educational groups, and classes or support groups**
- **review of history of drug and alcohol treatment**
- **review of educational history**

- review of history of sexual abuse-victimization and predatory behavior
- assessment of current mental status and condition
- assessment of current suicidal potential and person-specific circumstances that increase suicide potential
- assessment of violence potential and person–specific circumstances that increase violence potential
- assessment of drug and alcohol abuse and/or addiction
- use of additional assessment tools, as indicated
- referral to treatment, as indicated
- development and implementation of a treatment plan, including recommendations concerning housing, job assignment, and program participation

ACI - 4-4372 Offenders referred for mental health treatment will receive a comprehensive evaluation by a qualified mental health practitioner. The evaluation is to be completed within fourteen days of the referral request date and include at least the following:

- review of mental health screening and appraisal data
- direct observations of behavior
- collection and review of additional data from individual diagnostic interviews and tests assessing personality, intellect, and coping abilities
- compilation of the individual's mental health history
- development of an overall treatment/management plan with appropriate referral to include transfer to mental health facility for offenders whose psychiatric needs exceed the treatment capability of the facility.

ACI - 4-4373 (MANDATORY) There is a written suicide prevention plan that is approved by the health authority and reviewed by the facility or program administrator. The plan includes staff and offender critical incident debriefing that covers the management of suicidal incidents, suicide watch, assaults, prolonged threats, and death of an offender or staff member. It ensures a review of critical incidents by administration, security, and health services. All staff with responsibility for offender supervision are trained on an annual basis in the implementation of the program. Training should include but not be limited to:

- identifying the warning signs and symptoms of impeding suicidal behavior
- understanding the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors
- communication between correctional and health care personnel
- referral procedures
- housing observation and suicide watch level procedures
- follow-up monitoring of offenders who make a suicide attempt.

ACI - 4-4374 Offenders with severe mental illness or who are severely developmentally disabled receive a mental health evaluation and, where appropriate, are referred for placement in noncorrectional facilities or in units specifically designated for handling this type of individual.

ACI - 4-4401 **(MANDATORY) The involuntary administration of psychotropic medication(s) to an offender is governed by applicable laws and regulations of the jurisdiction. When administered, the following conditions must be met:**

- **authorization is by a physician who specifies the duration of therapy**
- **less restrictive intervention options have been exercised without success as determined by the physician or psychiatrist**
- **details are specified about why, when, where, and how the medication is to be administered**
- **monitoring occurs for adverse reactions and side effects**
- **treatment plan goals are prepared for less restrictive treatment alternatives as soon as possible.**

ACI - 4-4404 **A transfer that results in an offender's placement in a non-correctional facility or in a special unit within the facility or agency, specifically designated for the care and treatment of the severely mentally ill or developmentally disabled, follows due process procedures as specified by federal, state, and local law prior to the move being effected. In emergency situations, a hearing is held as soon as possible after the transfer.**

ACI - 4-4405 **(MANDATORY) The use of restraints for medical and psychiatric purposes is defined, at a minimum, by the following:**

- **conditions under which restraints may be applied**
- **types of restraints to be applied**
- **identification of a qualified medical or mental health practitioner who may authorize the use of restraints after reaching the conclusion that less intrusive measures would not be successful**
- **monitoring procedures for offenders in restraints**
- **length of time restraints are to be applied**
- **documentation of efforts for less restrictive treatment alternatives as soon as possible**
- **an after-incident review.**

ACI - 4-4416 **When standard issued clothing presents a security or medical risk (for example, suicide observation), provisions are made to supply the offender with a security garment that will promote offender safety in a way that is designed to prevent humiliation and degradation.**

4-ACRS-4C-06 **(MANDATORY) Medical, dental and mental health screening is performed by health-trained or qualified health-care personnel on all offenders upon arrival at the facility. The screening includes the following:**

Inquiry into:

- **current illness and health problems, including venereal diseases and other infectious diseases;**
- **dental problems;**
- **mental health problems, including suicide attempts or ideation;**
- **use of alcohol and other drugs, which includes the type of drugs used, mode of use, amounts used, frequency of use, date or time of last use, and a history of problems that may have occurred after ceasing use (for example, convulsions);**
- **Other health problems designated by the responsible physician.**

Observation of:

- **behavior, which includes state of consciousness, mental status, appearance, conduct, tremor and sweating;**
- **body deformities, ease of movement, and so forth;**
- **condition of skin, including trauma markings, bruises, lesions, jaundice, rashes and infestations, and needle marks or other indications of drug use.**

4-ACRS-4C-15 **Access to mental health services is made available to all offenders.**

4-ACRS-4C-16 **(MANDATORY) There is a written suicide prevention and intervention program that is reviewed and approved by a qualified medical or mental health professional. All staff with offender supervision responsibilities are trained in the implementation of the suicide prevention program.**